

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90943 002 ****61.25

DOCUMENT # N 9900000 2 385

1. Entity Name

Sarasota Mantee Soap Box Derby Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1701 Cattlemen Rd

Suite, Apt. #, etc.

3. Mailing Address

1701 Cattlemen Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0907969

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34232

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Judy Alexander

Street Address (P.O. Box Number is Not Acceptable)

1700 North Dr.

City

Sarasota

FL

Zip Code

34239

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Chris Toelle

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/11/03

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Chris Toelle
Director
3105 Baldwin Ave
Sarasota, FL 34232

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/11/03 (941) 650-0850

Daytime Phone #

CR2E037B (12/02)